

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

| | |
|--------------|-------------|
| SERIAL NO. | FILING DATE |
| APPLICANT(S) | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * IND. | * DEP. | * IND. | * DEP. | * IND. | * DEP. |
|--------------|----------|------|------------------------|------|------------------------|------|--------------|-----------|-----------|-----------|-----------|-----------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | | | | | |
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| 50 | | | | | | | 100 | | | | | |
| TOTAL IND. | | | | | | | TOTAL IND. | | | | | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | | | | | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | | | | | |

BEST AVAILABLE COPY